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HOURLY NURSING

By GRACE HOLMES

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[NOTE.—In some localities the paid visiting nurse is called a visiting nurse, and a charitable visiting nurse is called a district nurse. Miss Holmes uses the terms in this way in this article.]

VISITING or hourly nursing is a comparatively new branch of the work, which is attracting wide attention and calling out many inquiries from nurses all over our country. The subject was touched upon ever so slightly at the Detroit convention, during the session which was devoted to discussing some ways of taking care of the families of moderate means for a price which they can afford to pay. The discussion was supplemented by a heart to heart talk among a few of us who were personally (and financially) interested in the work, while on that delightful steamboat excursion, than which there was not a more helpful and valuable session during the entire convention.

The fact that the editor of the JOURNAL is asking for an article on this subject at this time convinces me that it is right and fitting to tell about the work just as it is, as the visiting nurses know it, and not as it appears to outsiders.

Much has been said about this work, both by medical men and by the people, as to its great possibilities for usefulness. Physicians are much of the opinion that a visiting nurse should be able to travel about in an automobile, or surely with a horse, at the end of two or three years of work, so great will be the demand for her services, and the remuneration. Yet when we had taken off our rose-colored glasses and really told each other facts rather than hopes, the interesting discovery was made that visiting nursing nets less profit to the worker than any other branch of nursing in which she can engage. Why this should be so, none of us could tell, though we searched diligently for a reason.

Some reasons come to me now, when I can take time to think, that I might have suggested then, had I gone to the convention with any idea that my little work was going to prove a subject of interest to any one else. My going to Detroit at all was a delight and honor thrust upon me by the all too appreciative association of which I am secretary, and consequently I left hurriedly, with only an idea of getting from, none of giving to, the convention.

I believe the reason for the lack of financial success in the visiting work is a very complex one. Perhaps one of the chief factors is the

heavy expense incident to doing the work. Ten per cent. of one's income (at least of mine, at the schedule of fees given on another page) is eaten up in car-fares and lunches. Boots and walking skirts wear out as if they were alive and had a grudge to pay off; aprons and shirt-waists, likewise. Hats look a fright in two months if they must be worn out, rain or shine. A good fur coat is indispensable in a cold climate, for nothing else will keep one from getting chilled through upon coming hot and moist from giving a baby's bath beside a kitchen stove. All these things make one's wardrobe a source of never ending expense, while to the usual room rent and other expenses of a private duty nurse must be added the board bill for fifty-two weeks each year.

Perhaps I have been putting the cart before the horse in telling first how our money gets away from us; if so, I will go on backward and tell how it comes to us, and possibly some reasons why more of it does not come.

It must be remembered that if there is not a real need for economy in a family, a regular private duty nurse is employed. This might be said to make competition on the one side, while on the other side we are actually and intentionally competing with the midwife, who will be doctor and visiting nurse in one for ten to fifteen dollars, and with the "experienced" nurse, of whom many of our physicians have a terror and a dread, but who will do the nursing, the housekeeping, and even the washing and scrubbing, for one to two dollars a day. Why pay a visiting nurse a dollar for two hours in the morning when this woman must be employed anyhow to do the housekeeping, and claims that she can do the nursing as well as any one? It requires education, and lots of it, to work up a demand for the services of a visiting nurse among the people.

The physicians are so accustomed to planning economy for their patients, and are so used to getting on with the help of the family and the neighbors, that they display a perfectly incredible facility for forgetting that a visiting nurse can be had. For example, one of our surgeons did a curettement recently with only frightened neighbor women for nurses—and he a man who is perfectly familiar with the work of the visiting nurse. Things went wrong, and later a nurse was called in. This, however, was an expense which the family could ill afford to bear, so a few days later it was suggested that the case be turned over to a visiting nurse to finish up. The family physician, who was not the operating surgeon, said disgustedly: "Those old women who call themselves visiting nurses are worse than no one at all." Upon being told that a trained nurse could be secured for that work, he expressed the greatest surprise and delight. "Why, if only

I had known that the other day when we did this operation!" Yet I had previously called twice upon that man and explained the work to him; and I verily believe that in six weeks he will have completely forgotten it. What is to be done with such a man? And there are scores of them. Yet, on the other hand, when once a physician has gotten thoroughly in touch with the work he never forgets it, and he makes constant application of it. I have taken care of six obstetrical cases in two weeks for the same doctor, though this is rare. The people, too, come back again and again. I have three babies in a number of families, and some six or seven families, related by marriage, in which I have assisted with every confinement that has occurred during the last seven years.

I might say here that about fifty per cent. of my work has been obstetrical, about thirty per cent. medical, and the balance surgical.

The ordinary day's work is very strenuous and consequently peculiarly exhausting. For example, during her morning call upon an obstetrical patient, the nurse gives enema and douche (p. r. n.) bath, changes bedding, combs hair, makes up the baby, of course plans diet, etc. Any nurse will realize that with this much accomplished, the hard work of the day is all done. About two hours have been spent. Of course the visiting nurse is a bit tired, and her back aches a little from bending so long without a rest, but time is money, and she hurries away to the next case, to begin the same work over again. This goes on as many hours as the work lasts. Everywhere, all the hard things are saved up for the visiting nurse to do, and most of the patients are on those back-breaking low beds (and when only a few visits are to be made it seems hardly worth while to resort to such helpful devices as the one suggested by L. M. A. in "Practical Suggestions" in the October JOURNAL). Again, we all know how fatiguing are the surgical, and even more so the obstetrical, events, occupying, as they are almost sure to do, a whole night between two busy days. The visiting nurse who has not her own comfortable home to go to for rest is a woman who has my keenest sympathy.

All this may seem to have a pessimistic note in it, but still I think the real truth should be known. I am not by any means a pessimist—quite the reverse—yet I am convinced that it is unwise for a nurse living alone in a city, and in a boarding-house, to try to do this work. A woman who is at home with her own people can make ends meet because expenses are lighter, and she has a comfortable place to go to after a strenuous day or night; and the greater freedom—for there are many half-days and about eighty-five per cent. of the nights—is worth financial sacrifice if one is tired of private duty.

There certainly is a genuine satisfaction in knowing that one will not be away many hours, and that dread of the telephone bell so familiar to us all is almost unknown.

Another attractive feature of the work is that the visiting nurse does not get the heaviest cases, and rarely a fatal one. This saves a great deal of wear and tear on heart and nerves. And yet, again, the visiting nurse carries much the same burden of anxiety that the physician does, and this all the time, for there are no free Sundays and holidays as there are in district nursing. Indeed, there is not an hour in the whole year, unless she leaves town, when the nurse is secure from a call. Every social engagement must be made with its "if," and should she go to the theatre, she is almost sure to find a call awaiting her return, and must exchange her "glad rags" for working clothes and betake herself to an "owl" car.

To refer again to the financial end of the work, upon which, in the last analysis, its success or failure depends (at least, from your landlady's point of view), there are few losses—and rarely over five dollars, when they do come, for all the bills are small, seldom over ten or twelve dollars being collected from one case.

For an odd visit here and there, a charge of one dollar is made. My own schedule I will give, simply because I find that it averages well with all others that I have seen.

Prepare for minor operation, and assist	\$3.00—5.00
Assist during confinement	3.00—5.00
Assist physician with office surgery	1.00—2.00
Care for patient all night	3.00 ———
One daily visit after confinement, per week	5.00 ———
One daily visit for surgical dressing, per week	5.00 ———

Sometimes it is necessary to charge less than the minimum, though this cannot be done often, for there is no virtue (at least, I can see none) in working for less money than it costs to live. A great many visits could be made for fifty cents—probably more for twenty-five—and should some charitable society buy up a certain part of the time of a visiting nurse, so as to permit of this class of work being done, I am sure that it would be a great power for good in the community. By way of illustration: Four visits make a good day's work in busy times (and we have our dull seasons, just as physicians do). Should the work be done upon such a sliding scale of charges as to result in an arrangement of fifty cents a visit, two dollars will have been collected. One must be spent for room, board, laundry, and telephone service; twenty-five cents for luncheon

(hurriedly taken at a restaurant, between calls, and it is poor economy to eat too cheap lunches); at least five car-fares before finally reaching home. A balance of fifty cents is left. If only three visits were made, then what? Clearly the work cannot be done for fifty cents, to say nothing of twenty-five; and this means that a large class of people are still uncared-for, unless the nurse is partially salaried, and I do not know of one such. The visiting nurse is practically forced to do most of her work among people in what we call moderate circumstances, and even then I have still to meet the visiting nurse who does not have to make an occasional excursion into the private duty field to help out her income.

My records show work done in the families of grocers, dentists, street-car conductors, letter carriers, railroad men, barbers, clergymen, florists, credit men, and clerks of all kinds. This makes the work clean and pleasant, very different from much of that which falls to the lot of the district nurse, who, however, has the advantage of a sure income and shorter and fixed hours.

A few suggestions to one wishing to take up the work may be helpful. First and most important of all, no unpopular or unsuccessful nurse should attempt it. Personality is an important item, and even a more ready adaptability than will do for private duty. Get a little money saved up before starting, then go to those doctors who know you best and talk your plan over freely and frankly. Family physicians will help you most. Great surgeons and the specialists have little need of you. Get out a card with schedule of fees, also a circular letter, clear and lucid, so that the people will understand it, and send this freely to all kinds of people whom you know or know of. This is perfectly in keeping with nursing ethics, for you are introducing a new thing in your town and are simply announcing it.

Live, not necessarily in the centre of things, but on a good car line. Accurate and reliable telephone service is indispensable. Try to have the members of your local association talk about you and your work to their patients and to doctors. Get yourself advertised by your loving friends, if you can, and then arrange a cheerful and prosperous expression upon your face, and sit down and wait for cases (as a young doctor does).

When finally they come, be prompt, be conscientious, try never to leave a case until you are satisfied with your own work; then, having done your best, don't worry. Do not be too frank about owning that you are hard up. The common run of people are likely to measure worth by your financial success.

Occasionally post your card again to some physician who seems

to be forgetting you. Each field will have its own peculiar problems, and each nurse must work them out for herself in her own way.

Lest my frank statement of the problems of the work should deter any interested nurse from taking it up, I will say in closing that after seven years of visiting nursing I still love it and enjoy it. It is immensely interesting—indeed, fascinating; it certainly has great educational value, and it meets a real need. Were it more of a financial success, I think it would be difficult for anything less alluring than Cupid to tempt a visiting nurse from her chosen field.

THE TIMID NURSE

I HATE to go, and I hate to stay.
If I stay, I don't pay my way;
If I pay my way, I do not stay;
And then I'm apt, to my dismay,
To meet with folks who don't say "Good day,"
Because they are proud or too *distract*;
And they feel that I am in their way,
Or don't do enough to earn my pay—
Tho' I work quite hard both night and day;
So I really think it does not pay
To be a trained nurse, any way.
But when I wait, I always pray
A case may come without delay;
And when it comes, altho' I may
Have waited long and many a day,
"I wish," is what I always say,
"They'd waited just another day."

"PROCRASTINATION"